

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009050

FILED
May 01, 2009
Secretary of State

Entity Name: HUMANE SOCIETY OF INVERNESS, INC.

Current Principal Place of Business:

2109 SOUTH MOHICAN TRAIL
INVERNESS, FL 34450

New Principal Place of Business:

Current Mailing Address:

2109 SOUTH MOHICAN TRAIL
INVERNESS, FL 34450

New Mailing Address:

FEI Number: 20-1636853 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

NOLAN, MARGRET
2109 SOUTH MOHICAN TRAIL
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NOLAN, MARGRET
Address: 2109 SOUTH MOHICAN TRAIL
City-St-Zip: INVERNESS, FL 34450

Title: VP () Delete
Name: CARRUTHERS, KAREEN
Address: 4461 SIERRA RD
City-St-Zip: PHELAN, CA 92371

Title: SEC () Delete
Name: REDD, MARY
Address: PO BOX 1290
City-St-Zip: GENEVA, FL 34450

Title: DT () Delete
Name: MCMURRY, ANGELA
Address: 5625 W. GULF-TO-LAKE HWY
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D () Delete
Name: CASEY, LINDA
Address: 1915 DEBORAH DR.
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGRET NOLAN

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

_____ Date